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DEPARTMENT OF VETERANS AFFAIRS**

**BEFORE THE
STATE OF NEW MEXICO
MILITARY AND VETERANS' AFFAIRS COMMITTEE**

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Mr. Chairman and members of the Committee, thank you for the invitation to appear before you today to discuss treatment of women Veterans, the programs provided to women Veterans at the New Mexico Veterans Affairs Health Care System (NMVAHCS), and the issues they face. Our presentation will be shared between the medical and general services offered to women Veterans, which I will cover, and the mental health services provided to our women Veterans, including the treatment of Post-Traumatic Stress Disorder (PTSD), which will be covered by Dr. Diane Castillo.

We appreciate the opportunity to discuss our ongoing efforts to ensure that women Veterans receive timely access to the highest quality care, benefits and services we can provide.

Overview of the Women Veterans Health Program

The state of New Mexico has 16,555 women Veterans at last count, and approximately 25% of these women identify the NMVAHCS as their medical home. We have seen an increase of 42% in our women Veteran population utilizing services at the NMVAHCS over the past year due to higher numbers of servicewomen in the military, but also because our facility is located near Kirtland Air Force Base and many women return and settle in Albuquerque after deployment.

The Women Veterans Health Program is committed to meeting the unique needs of women Veterans by delivering the highest quality health care to each patient, while ensuring privacy and sensitivity to gender specific needs. Our goal is to provide seamless comprehensive care to women Veterans living in the urban and rural areas of New Mexico. We work toward promoting the entire range of emergency, acute and chronic health care services needed by women Veterans to develop an optimal continuum of health care, including enhancing and integrating medical and surgical specialty care, mental health care, health promotion and disease prevention, diagnostic services and rehabilitation for catastrophic injuries.

A. The Women's Comprehensive Care Clinic

In September 2009, the Raymond G. Murphy VA Medical Center, on the Albuquerque campus of the NMVAHCS, implemented the Women's Comprehensive Care Clinic (WCCC) which provides comprehensive primary care and gender specific care to women Veterans. Primary care providers in the clinic receive specialized training in the delivery of women's health services in general health, including primary care,

gynecological care, maternity care, menopause evaluation and treatment, osteoporosis screening, cancer screenings and health promotion.

The Women's Comprehensive Care Clinic is located in a separate area of the hospital offering a private waiting area, a family friendly environment with a play station for children, and equipped with a "My Health-E-Vet" computer/kiosk. The My Health-E-Vet is a program developed in VA Central Office (VACO), and is an electronic health record system which promotes self-management and involvement of the Veteran in their own healthcare. A friendly medical assistant in the WCCC provides computer training to the women Veterans in accessing the website to gain reliable consumer health information. Women Veterans can create a personal account, store important healthcare data, request prescription refills, view available information, and make informed health decisions on the My Health-E-Vet website while waiting for an appointment.

The WCCC clinic has 7 examination rooms with a particular emphasis on privacy, offering state of the art equipment, phlebotomy capability, an on-site point of care laboratory, a colposcopy suite, a treatment room to address acute illnesses that may require more extensive and immediate care. The clinic also has a private counseling room to conduct psychosocial evaluation and counseling.

B. Primary Care

Women Veterans receive care from interested and knowledgeable female providers who have received training in women's health issues through the nationally sanctioned

Women's Health Mini Residency and colposcopy workshops. The clinic team and providers emphasize the treatment, management, and prevention of chronic illnesses with 30-60 minute encounters. Follow up, education, and referrals are also made to preventive programs such as diabetes educational classes, move program (weight management), and nutritional services. Several same day appointments are available to treat acute illnesses and facilitate immediate access to care.

C. Gender Specific Care for Women Veterans

Gender specific care is a priority in the treatment of women Veterans to allow access to female providers and specifically addresses women's issues at all stages of life including gynecological care, maternity care, birth control, menopausal evaluation, cancer screenings and mammography. A walk-in state of the art mammography suite with a private waiting area is available to all women Veterans at the time of their visit to maximize efficient delivery of care. An inpatient procedure room equipped with digital colposcopy provides women with abnormal cervical cancer screening results an opportunity to schedule this diagnostic procedure without delay, reducing patient anxiety.

Pregnancy testing and results are available within an hour. Maternity care is also provided through contracts with community providers of the patient's choice. A pregnancy and lactation flag is noted in the patient's electronic medical record to alert specialty care and pharmacy of the gestational status of the patient and to provide information on medication and procedure restrictions during the pregnancy and lactation

phase. Effective May 5, 2010, the VA was given authority to pay care of newborn children of Veterans when the woman Veteran is receiving maternity care furnished by VA. The benefit is limited to post-delivery and routine care provided immediately after birth and not more than 7 days following the birth.

D. Women Veterans from Operation Enduring Freedom (OEF) Operation Iraqi Freedom (OIF) and Operation New Dawn (OND)

Several programs exist to meet the needs of OEF/OIF/OND Veterans at the NMVAHCS. One is a station-wide program designed for outreach, case management, and care coordination, which is staffed with a Program Manager, Transition Patient Advocate, Social Worker, Nurse Case Managers, and administrative support. This program meets individually with each female OEF/OIF/OND Veteran on the day they enroll for services with the NMVAHCS. The program has also arranged a face-to-face meeting with our clinic staff on the same day to answer any questions, explain how the VA (and WCCC) works, reduce the complexity of the system, and create a lasting welcoming first impression. This is important as women Veterans represent 12% of all OEF/OIF/OND Veterans in New Mexico.

When the Women's Comprehensive Care Clinic was established in July 2009, a collaboration with the OEF/OIF/OND program resulted in the activation of an OIF/OEF/OND intake clinic for women Veterans which allows a OEF/OIF/OND women Veteran to schedule a 4-hour comprehensive care appointment for a full assessment with a social worker and integrated care team to address primary and mental health

care needs and establish a therapeutic relationship with the NMVAHCS. This program has been well received by these Veterans who take care of all their healthcare needs at the same visit.

E. Behavioral Health Services

A member of the Women's Trauma program conducts a weekly clinic in the WCCC with women identified as at risk for Post Traumatic Stress Disorder (PTSD) or as victims of Military Sexual Trauma (MST). This clinic has enabled many women Veterans to be aware of and facilitated referrals to the extensive services and therapies offered for these specific conditions.

Behavioral Medicine: The Women Veterans Health Program and Behavioral Medicine implemented the "Living with Chronic Pain" program, which has made great strides in providing a multidisciplinary approach to the treatment of pain. This helps assure that even with the complex nature of pain, we can offer many different approaches to pain relief. Collaboration with Primary Care and Psychology disciplines are an integral part of the program. This is a gender specific treatment in that the group is 10-session, 90-minute group for female Veterans only which provides tools to manage chronic pain and provide a compassionate environment to share the burden of this chronic condition.

F. Rural Health Initiatives and Telemedicine

The NMVAHCS is committed to delivering comprehensive care to women Veterans in rural areas. Women Veterans living in rural areas have access to comprehensive

gender specific care at the eleven Community Based Outpatient Clinics (CBOCs) located throughout New Mexico and southern Colorado. Optimum care is provided by their local CBOC, fee-based services within their community, or telemental health (TMH) treatment with Albuquerque clinicians to decrease travel time and provide high quality care. The rural clinics are staffed by proficient and caring providers on site. Ongoing training is available for providers in the CBOCs by attending Women's Health Mini Residency focusing on primary care, gender specific care and access to standardized patient assistants to increase proficiency in women's comprehensive care. Mammograms and colonoscopies can be performed locally to decrease travel time and provide care near the Veteran's home.

The NMVAHCS is providing telemedicine services at most of our CBOCs, allowing us to evaluate and follow Veterans to minimize travel to the medical center in Albuquerque. Telemedicine involves the use of audio-visual equipment so clinicians can interact in real time with patients who live in remote areas. Telemental health (TMH) is used to supplement on-site mental health services delivered in the CBOC by social workers, psychiatrists, and psychologists. This initiative has been well received by women Veterans who have been diagnosed with PTSD or are receiving counseling for Military Sexual Trauma (MST) without leaving their community. The creation of a CBOC online Women Veteran's Health manual for CBOC Women Veterans Liaisons has facilitated the implementation of comprehensive care and increased visibility of services available to women.

G. Reducing Veterans Homelessness

The Veterans Outreach Program (VOP) provides services and a walk in clinic to assist homeless Veterans. The Domiciliary residential program offers a housing program for Veterans of both genders. Women Veterans are housed in private rooms with private bathrooms which lock to ensure privacy and safety. Dr. Castillo will elaborate on these residential programs.

H. Housing for Female Veterans with Children

I would next like to mention a special project on which the NMVAHCS has closely collaborated with the Young Women's Christian Association (YWCA) to develop a community partnership to bridge the gap for homeless women Veterans with children by writing a grant for a transitional house. The YWCA spear-headed the project and was the recipient of a \$185,250.00 per diem grant from the VA Homeless Grants in 2010 to provide transitional housing to women Veterans with children. Most transitional and residential homes are available to all females including Veterans, however exclude females with children. The "Henderson House" accommodates 10 women Veterans and their dependent with a on-site daycare and transportation to and from the Raymond G Murphy VA Medical Center for comprehensive care. Additional services include job development, resume writing, and interview skill-building.

I. Outreach

The Women Veterans Health Program is constantly reaching out to women Veterans across the State of New Mexico to promote the comprehensive services available to

them by participating in different outreach programs, publishing articles on women's health and speaking to various groups in the community.

J. The Women Veterans Health Care Advisory Committee

The Women Veterans Health Care Advisory Committee mission is to identify and analyze issues, needs and concerns of women Veterans and ensure that their interests are recognized and adequately represented. The committee meets on a quarterly basis and consists of a multidisciplinary staff, community, and Veteran members to provide input into the direction of the program to provide seamless comprehensive care to women Veterans.

Mental Health Services and Post Traumatic Stress Disorder (PTSD) for Female Veterans

A. Mental Health Care

The NMVAHCS has been progressive in providing for the mental health care needs of all our Veterans through the Behavioral Health Care Line (BHCL). In general, we approach the mental health needs of Veterans with a course that is designed to promote an optimal level of social and occupational functioning and participation in family and community life for our Veterans. We continue to promote early recognition of mental health problems. All our Veterans are routinely screened in Primary Care for PTSD, depression, substance abuse, Traumatic Brain Injury (TBI), and Military Sexual Trauma (MST). Screening for this array of mental health problems helps support

effective identification of Veterans needing mental health services, and it promotes our suicide prevention efforts. We are especially cognizant of the mental health needs of our female Veterans and how they may differ from their male counterparts. In this vein, we work closely with the Women's Comprehensive Care Clinic (WCCC) and Ms. Donsbach to facilitate referrals to mental health and make them as "bureaucracy-free" and efficient as possible.

Since 2005, the BHCL staff have successfully written grants for VA Mental Health Initiative and Enhancement funding to support expansion of mental health services. Using this funding, we have tremendously improved access to care with expanded mental health capacity and programs, and a program specifically designed for female Veterans with Post-Traumatic Stress Disorder (PTSD) called the Women's Stress Disorder Treatment Team (WSDTT). We have added more than 100 new mental health program staff for this and other programs, which consist of psychiatrists, psychologists, registered nurses, nurse practitioners, clinical nurse specialists, social workers, rehabilitation specialists, a suicide prevention coordinator, a psychosocial recovery coordinator, occupational and addictions therapists.

These enhancements have allowed us to improve overall mental health care delivery in the Behavioral Health Care Line, to which women Veterans have access. The wide range of services includes inpatient, residential, and outpatient programs. The inpatient/residential programs consist of a 26-bed acute psychiatric inpatient program (Ward 7), a 24-bed dual diagnosis Substance Abuse Trauma Residential Rehabilitation

Treatment Program (STARR) for Veterans with both Substance Abuse and PTSD, and a 40-bed Domiciliary Residential Rehabilitation Treatment Program (DRRTP) for homeless Veterans, all of which are designed to accommodate female Veterans. In particular, the acute inpatient and residential programs have rooms designated for female Veterans with doors that lock, rooms with female-only bathrooms, and rooms located near the nurse's station to assure the safety, privacy and dignity necessary for females in a predominantly male populated area. Additionally, the residential programs are paired with services to address social, vocational, substance abuse, and mental health problems associated with homelessness including Housing & Urban Development-VA Supportive Housing (HUD-VASH).

The Behavioral Health Care Line also offers many outpatient services in clinics such as the Substance Use Program, the Specialty Mental Health Program (with over 20 groups), Primary Care Mental Health Integration, a variety of Homeless Veterans programs including the YWCA transitional house described earlier by Ms. Donsbach for homeless female Veterans and their children, suicide prevention, the evaluation and treatment of Traumatic Brain Injury (TBI), Operation Enduring Freedom/Operation Iraqi Freedom/Operation New Dawn (OEF/OIF/OND), Compensated Work Therapy Supported Employment Mentoring Site, Psychosocial Rehabilitation for Seriously Mentally Ill Veterans, care of home-bound Veterans served by Home Based Primary Care (HBPC), the re-entry of incarcerated Veterans, and, as stated earlier, a program specifically for female Veterans with Post Traumatic Stress Disorder (PTSD). Women Veterans have access to the services provided in all of these programs as well as

groups that are just for women Veterans, such as the art program in one of the residential programs.

B. Women's Stress Disorder Treatment Team (WSDTT) - PTSD Treatment

I would like to spend the remainder of my time providing information on the services available to female Veterans with PTSD in the Women's Stress Disorder Treatment Team (WSDTT) program. The WSDTT is one of a number of different Specialized Outpatient Post Traumatic Stress Disorder (PTSD) Programs designated and created by VA Central Office to address the needs of female Veterans with PTSD. According to the US Census bureau, New Mexico has over 158,000 total Veterans; and of these, as Ms. Donsbach noted earlier, over 16,000 are female Veterans (roughly 10%). The estimate of PTSD in male Veterans is around 15%. The rate of PTSD in female Veterans is slightly higher and ranges from 22-25%. Therefore, the expected rate of PTSD in female Veterans in the state of New Mexico is presently over 3,500. Our research also tells us that higher rates of PTSD are found in ethnic minorities, particularly Hispanic Veterans; and that the likelihood of developing PTSD increases with the higher number of traumas experienced by an individual. Over the years, female soldiers have experienced sexual assault and now are experiencing combat as well. With all of these factors combined, we can expect that our New Mexico female Veterans are in a more vulnerable position and will present with higher rates of PTSD, suggesting the need to proactively address and treat PTSD in female Veterans at the NMVAHCS.

The WSDTT program at the NMVAHCS offers comprehensive, evidence-based, outpatient treatment to female Veterans within the Albuquerque catchment area and telemental health for other female Veterans in the state. Services include individual and group therapies, psychiatric medication evaluation and management, and case management. Evidenced-based psychotherapies such as Prolonged Exposure (PE) and Cognitive Processing Therapy (CPT) are offered to female Veterans with any type of trauma, including Military Sexual Trauma (MST), combat, and other traumas. Once our WSDTT clinic was funded by VACO in 2005, an area separate from other clinics was specifically selected to provide a waiting area for female Veterans referred for treatment. These provisions are necessary, as upwards of 80% of the women Veterans seeking PTSD treatment identify sexual assault as their trauma. Additionally, the WSDTT clinic is staffed with two full-time psychologists, one full-time social worker, a half-time psychiatrist, and a half-time clinical nurse specialist—all female clinicians.

With regard to treatment, women Veterans are first evaluated in an individual session followed by the administration of psychological testing and structured interviews to assess for PTSD and other psychiatric diagnoses. A treatment plan is developed with the female Veteran, allowing her to select the type of treatment with which they are most comfortable and also the format of treatment—group or individual.

Over 30 years of research has shown that two therapies--cognitive and exposure—have the greatest impact in reducing PTSD symptoms. VA Central Office has assured that all PTSD therapists in the VA are trained in these two most-effective treatments--Cognitive

Processing Therapy (CPT) and Prolonged Exposure (PE) therapy. Cognitive Processing Therapy is a 12-week intervention that focuses on thoughts and feelings that become distorted after the experience of a life-threatening trauma, which result in PTSD symptoms. These negative, distorted thoughts serve to maintain PTSD symptoms and are directly challenged therapeutically. For example, a typical distorted thought might be “I am never safe” and the cognitive therapy helps the female Veteran discern degrees of safety through modification of extreme thoughts.

Prolonged Exposure (PE) is a 10-week therapy that involves two types of behavioral exposure. In one, the female Veteran repeatedly reviews the details (events, sights, sounds, emotions) of her worst traumatic experience in session with the therapist, with the goal of processing the emotions associated with the life-threatening event. Anxiety is reduced through desensitization by repeatedly recalling the trauma through repetition in a now safe environment—the therapist’s office. The second type of exposure is called “in-vivo” or “in real life” exposure to everyday life situations that cause anxiety, such as going to the grocery store, driving a car, or going to crowded places. The Veteran repeatedly goes to these safe places, rates her anxiety, and desensitizes the anxiety associated with these situations. This therapy has proven to lessen the frequency and intensity of re-experiencing PTSD symptoms such as flashbacks or nightmares.

The two evidence-based therapies—CPT and PE—are offered to female Veterans either with an individual therapist or in groups. I originally developed and published the

group treatment model in 2004, which consists of a series of groups offering support and evidence-based treatments. The groups consist of: 1) an open, unstructured initial Psychoeducational group, intended to provide education, orientation, and support on the causes and symptoms of PTSD, as well as information on effective treatments that reduce PTSD symptoms. The second group follows the CPT model and challenges negative beliefs that perpetuate PTSD symptoms. The third group is called Skills group which is an 8-week group including Assertiveness Training with videotaped role-play to address anger issues, Relaxation Training, using five different techniques, to address general anxiety, and Nightmare Therapy to address PTSD nightmares. The fourth group is called the Sexual Intimacy group and is intended to help those female Veterans with sexual trauma to address sexual functioning issues. Finally, the fourth group is the Exposure group, which implements established exposure therapy techniques in small groups of three female Veterans through repeated imagined review of the trauma memory. At the conclusion of all or some of these groups, the female Veterans may elect to attend a Transitions group to help them resume life in the community. To accommodate Veteran's needs, groups are offered at varying times including an evening group. Some groups are specifically designed for OEF/OIF/OND Veterans.

In addition to the regular PTSD services offered in our outpatient and inpatient clinics, we are proud of the research initiatives conducted by our staff. Specifically related to PTSD, as a Clinical Psychologist and Coordinator of the Women's Stress Disorder Treatment Team, I received funding through the Department of Defense for a 4-year grant to examine the group version offered in the clinic, combining the groups into a 16-

week treatment of evidence-based psychotherapies for PTSD in female Iraq, Afghanistan, and New Dawn (OEF/OIF/OND) Veterans. The 1 million dollar study has just completed the 3-year mark and our preliminary findings are positive, showing a 20-point reduction in PTSD symptoms to sub-clinical levels with the group treatment approach in just 16 weeks of treatment. The female Veterans receiving the treatment are no longer positive for the PTSD diagnosis after the treatment and as long as 6 months later. These women are also showing sustained improvement in general functioning in their lives. Additional research is ongoing with other projects conducted by Dr. Janet C'de Baca and Dr. Castillo further examining these evidence-based treatments.

Conclusion

As you can see, from all that Ms. Donsbach and I have described, women Veterans seeking services at the NMVAHCS have access to a wide range of outstanding medical, psychiatric, and psychosocial options for comprehensive care that exceeds treatment in the private sector. In conclusion, we at the NMVAHCS are honored and privileged to provide services to our women Veterans who proudly served our country.

Mr. Chairman, this concludes our presentation. We are pleased to entertain any questions you or the Committee members may have at this time.